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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it discloyes a veil of Quit control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN **CLAIMS AS FILED - PART I** CR SMALL ENTITY SMALL ENTITY (Cotumn 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE RATE FEE FOR BASIC FEE (37 CFR 1.18(10) OR. TOTAL CLAIMS Ø7 CFR 1.18(d) minus 20 = CR DIDEPENDENT CLAIMS (37 CFR 1.18(M)) X S CR minus 3 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) CR . TOTAL TOTAL CR "If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Cotumn 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST NUMBER ⋖ PRESENT ADDI-TIONAL ADDI-TIONAL REMAINING RATE AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA FEE Minus Total E ENDM CO COR LINE OR Minus brdependent CF CFE 1,1000 3 X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4)) OR + 5 TOTAL ADD'L FEE TOTAL æ ADO'L FEE 33.0 (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST 8 PRESENT ADDI-TIONAL RATE RATE ADDI NUMBER TIONAL EXTRA AFTER PREVIOUSLY MENDMENT FEE QC. Total gr cra 1.18(4) X S OR OR FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) OR ADD'L FEE ADO'L FEE CR (Cotumn 1) (Column 2) (Cotumn 3) HIGHEST CLAIMS Ö PRESENT RATE REMAINING NUMBER RATE ADD1 ADDI TIONAL PREVIOUSLY EXTRA TIONAL AFTER AMENDMENT PAID FOR FEE Total granii insa Minus X 3 OR Minus Independent (30 CFR 1.1904) OR FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 OFR 1.15(4)) OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE " If the entry in column 1 is tess then the entry in column 2, write "O" in column 3. "If the stript in column 1 is test than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is test than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is test than 3, enter "3".

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO by process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case. Any commenta on the amount of time you require to complete his form and/or suggestions for reducing list burden, should be sent to the Chief information Cofficer, U.S. Patent and Trademark Critice, U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450.

**DORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR OR BASIC FEE NUMBER FILED NUMBER EXTRA BASIC FEE **TOTAL CHARGEABLE CLAIMS** minus 20= X\$ 25= X\$50= OR INDEPENDENT CLAIMS minus 3 =X100= X200= OR **MULTIPLE DEPENDENT CLAIM PRESENT** +180= +360= OR Column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II **OTHER THAN** OR SMALL ENTITY **SMALL ENTITY** Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL MENDMENT PREVIOUSLY **AFTER EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus X\$ 25= X\$50 OR Independent Minus X100= X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER TIONAL RATE **TIONAL** AFTER **PREVIOUSLY** RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR Independent Minus X100= X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= OR +360= TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL ENT RATE RATE **AFTER PREVIOUSLY** EXTRA . AMENDMENT PAID FOR FEE FEE ENDM Total Minus X\$ 25= X\$50= OR Independent Minus X100= X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+360=

ADDIT, FEE

+180=

ADDIT, FEE

TOTAL